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## ORIGINAL DEPARTMENT.

### LECTURE.

#### ON IDIOSYNCRASIES.

Translated from the *Lecons de Pathologie Experimentale* of M. CLAUDE BERNARD, for the MEDICAL AND SURGICAL REPORTER.

Gentlemen:—In my preceding lectures I have endeavored to exhibit the intimate relations existing between Physiology and Pathology, and to prove, as far as it was possible for me to do, that the phenomena which are manifested in the living body, either in a healthy or in a diseased condition, should in all cases receive a rational interpretation. I have told you that they may be directly referred to the action of biological laws which govern the vital functions, not only in the normal state, but also in all the perturbations which these functions may experience.

Daily experience, nevertheless, teaches us that morbid causes, whatever may be, otherwise, their general effects, are far from acting with equal intensity on the various individuals exposed to their influence. Cold, hunger, thirst, fatigue and moral distress are the most ordinary causes of disease. Are they not, to a certain degree, the lot of human nature? How then does it happen that among those exposed to their daily action, some sink so rapidly, whilst others resist with great energy? And when an epidemic rages at a given spot, how is it that the prevailing disease attacks only certain persons, sparing other individuals who are in constant communication with the sick? To this apparently mysterious power, which thus modifies in each particular case

the influence of external agents, we give the name of *Idiosyncrasy*.

We may, I think, admit as a principle that predispositions, not only morbid, but likewise physiological, exist in man as well as in animals. In the normal state, each individual, by virtue of his peculiar organization, is more especially exposed than any other to certain peculiar accidents. The various animals subjected to our experiments are far from exhibiting the same phenomena under the influence of the same agents. You already know that as we rise or descend in the animal scale, we meet with animals more or less sensible to the action of certain poisons; of those, for example, which act more particularly on the nervous system. Thus it will be seen that even in the limits of health, living beings may present striking differences. As we have already demonstrated, these different properties do not depend solely on the general organization of the animal, but frequently also on the conditions in which it has been placed. In this way a rabbit may be reduced to the physiological level of a batrachian; and by reversing the experiment, we arrive at an opposite result. Now these important modifications almost always bear a close relation to the state of the nervous system.

It is not alone among animals belonging to different species that we remark great inequalities in this respect. It frequently happens that individuals belonging to the same species resemble each other so little that it is impossible to subject them to the same experiments. The nervous sensibility of a hunting dog is so highly developed that the slightest operation gives rise in it

to fever which may be followed by a fatal termination. These animals are, therefore, unsuitable for experiments on the gastric juice, the pancreatic secretion, or other similar phenomena; every operation performed on the interior of the abdominal cavity may excite peritonitis in these eminently sensitive animals. How vast the difference between them and the dogs which may be considered as belonging to an inferior breed. The results of the experiments are totally various. During the operation the animal scarcely makes a movement, apparently does not suffer at all; the appetite is unchanged, the secretions remain natural. In short, the various functions of the economy follow their accustomed course despite the pain inflicted.

In the horse, these differences are, if possible, still more pronounced. The characteristics of certain breeds are, in common parlance, attributed to *blood*; it would be more exact to attribute them to the *nerves*; in fact, it is a highly irritable, sensitive, nervous organization which distinguishes a blooded beast from one of the half savage little horses which inhabit mountainous regions. The results of the same experiment would be diametrically opposite in those animals, and no comparison could be established between them. Therefore whenever an experiment requires great powers of resistance in the subject, the latter must be selected from the inferior races. If nervous irritability and exquisite sensibility are, on the contrary, the necessary qualities, we must have recourse to the more highly bred animal. Experiments on recurrent sensibility which succeed almost always in the hunting dog, fail almost constantly when performed on the shepherd dog. In this respect cold-blooded animals are found in the lowest degree of the scale. It will thus be conceived that a state which, in certain individuals, constitutes an actual disease, may, in others, harmonize with the natural conditions of life.

We may be allowed to believe that in man, the differences which separate individuals, ought to be still greater than those between the various species of animals; and if we may be permitted to allude to questions which, at this moment, are occupying public attention, is it not true that hypnotism is a peculiar state which can be developed only in a small number of impressionable and nervous individuals? Are not the phenomena of

somnambulism to be classed in the same category? It is, therefore, evident that idiosyncrasies are merely peculiar sensibilities which exist in a normal condition in various individuals.

Hitherto we have considered merely physiological, and so to speak, innate predispositions; however, as physicians, the accidental, morbid and transitory idiosyncrasies are those which most interest us. To ascertain the conditions from which they may arise is, for the physiologist, a study of the last degree of importance.

If we compare an animal in a state of abstinence with another in that of active digestion, the most evident dissimilarities will be remarked in the results of all the experiments to which they may be subjected. A dose of strychnia which kills the latter immediately, will require a certain space of time to act on the former. The absorbent power has naturally been quoted to explain so striking a discrepancy; but do we not know that in the fasting state absorption is infinitely more active than during the process of digestion?

This explanation cannot, therefore, be sustained. The debilitation of the physical properties of the nervous system is in reality the only cause to which, in this case, we can appeal. Deprived of nutrition, the animal gradually descends in the scale, and at last acquires properties more or less removed from its original condition. Is that an actual disease? Undoubtedly not; it is the natural result of a well known physiological condition.

We are, therefore, authorized to deny absolutely the existence of a so-called *morbid physiology*, if by these words is understood a state of things completely independent of the ordinary laws of life. Expressions used in a limited sense should be banished from scientific language; they serve only to confuse one's ideas and to mislead observers. When we speak of medical chemistry, for example, we do not pretend to say that the chemical reactions which supervene in the vital phenomena are subjected to laws differing from those which exist outside of the living being. Morbid physiology has, undoubtedly, processes which may be peculiar to it, but its laws are perfectly identical with those which govern, in the healthy state, the functions of life.

Not inanition alone thus modifies the conditions of life; cold, and many other causes,

likewise act in the same way, and vary the results of our vivisections. At a low temperature, cold-blooded animals become less and less sensible to the action of certain poisons; a stronger dose of strychnia is required to kill a frog in winter than in summer. But chloroform, ether, and even the ordinary intoxication of alcohol, produce similar effects; and it is generally believed, in America, that intoxication is a preservative against the bite of the rattlesnake.

Such are the physiological modifications of the economy which lead us to the study of those which belong more especially to the pathological condition. It has for a long time been known that remedies do not act on the sick in the same manner as on the individual in high health. Now, the biological conditions which determine the disease are evidently the source of these irregularities. To give a well-known example, we observe that wine, brandy, and the various alcoholic preparations so liberally used by American physicians in the treatment of fevers, when administered in doses which in a healthy man would inevitably produce intoxication, appear to cause an entirely different effect on the patient. The fact may be explained in two modes: in the first place, the absorbent functions might be, during the disease, modified, or even suspended; in the second place, the nervous system might be powerfully depressed. We know, for instance, that in certain cases of typhoid fever, absorption remains benumbed for a considerable length of time. This is proved by administering to the patient small doses of prussiate of potassa, of which no traces can be found in the urine, nor in the other secretions. An analogous condition may be artificially produced; for when the secretions are over-excited, the surfaces lose a portion of their properties. The internal surface of the salivary glands, which absorb so rapidly strychnia or curare in a state of repose, become momentarily rebellious to the action of these poisons during the process of secretion. We have seen a dog die almost instantly after the injection of five cubic centimetres of an aqueous solution of strychnia into the duct of Wharton. On a repetition of the same experiment on an animal in which the salivary secretion was excited by galvanism, death supervened only after an interval of twelve minutes.

Chloroform furnishes us a pathological example of the same fact; so long as this

abundant serous excretion is maintained, the intestinal parietes can absorb no remedy. It will be said that these modifications are determined by the disease; this is undoubtedly true, but a peculiar physiological process is developed under its influence, and the facts observed flow from it as a natural consequence.

The suppression of the absorbing power is manifested in conditions entirely different from those which we have just been studying; it has been observed in acute mania; the sole cause of it, in this case, appears to reside in the nervous system, for so soon as the crisis has passed, absorption recommences, as in the healthy state.

Curare has been recently used in the treatment of tetanus; of four cases, two were cured and two died. In the favorable cases, the ordinary effects, or, more correctly speaking, the physiological effects of the poison manifested themselves; nothing similar took place in those who died. They presented, perhaps, a special condition of the nervous system, which prevented the manifestation of the action of this substance. It may be supposed that had they been placed under treatment at a less advanced stage of the disease, the result might have been more happy. In connection with this we may cite the well-known effects of the sulphate of quinine, which, given in a large dose, depresses the pulse, and acts on other morbid phenomena only by modifying the nervous system, and producing a more or less intense degree of deafness, etc. This physiological effect is most intimately related to its therapeutic action, for if the dose be too rapidly diminished, the deafness disappears, and the original morbid phenomena regain their violence.

But if we find, in animals as in man, various predispositions which may modify the action of remedies, we likewise see some which expose them to entirely different diseases, under the influence of absolutely similar causes. Such is the section of the filaments of the sympathetic nerve. I lately intended to perform some experiments on animals which had been for a long time deprived of food. I therefore allowed dogs which had been used for operations on the sympathetic nerve to starve for several days; but on the occurrence of cold weather, the animals died most unexpectedly; the autopsy revealed in one a pneumonia, pleurisy in another, and enteritis in the two re-

maining. We ascertained that, though placed in identical external conditions, these animals had been attacked by entirely different diseases, corresponding to the regions in which the sympathetic nerve had been wounded. When a rabbit is submitted to absolute inanition, life is ordinarily prolonged from fifteen to twenty days; but when certain filaments of the great sympathetic have been previously divided, these animals, deprived of nourishment, perish in a few days, from acute inflammation of the viscera which are fed by the nervous branches which have been severed. When I began this series of experiments, now some time ago, I perceived that the section of even the larger branches of the great sympathetic seemed to produce no special pathological condition in these animals, so long as their general health remained intact. I have seen females conceive and bring forth their young in spite of the operation they had undergone; but so soon as the economy was profoundly debilitated by the want of nourishment, the viscera deprived of their nerves became the seat of acute inflammations. I had, therefore, succeeded in creating, artificially, peculiar idiosyncrasies in animals, and I could predict with absolute certainty that, the health being once undermined, a morbid condition would be developed at a certain point.

Pathological predispositions should, therefore, be considered as special physiological conditions, which, in the majority of cases, depend on the nervous system, and medicine would have made an immense step if it were possible to foresee, in a state of health, the various morbid predispositions, and thus to predict the approach of danger. A Russian army surgeon, who had invented a new sphygmograph, and had applied it to the study of various diseases, pretended to have ascertained, during an epidemic of cholera, a peculiar feebleness of the pulse, which manifested itself for several days before the invasion of the malady, in those about to be attacked by it. I am not aware if these observations have been corroborated by others, but it would certainly be of immense advantage to be able to point out beforehand, during an epidemic, which individuals are most liable to fall under its influence. It would then be very easy to prescribe preventive measures, and establish hygienic regulations.

To conclude, I think that I have a right to advance the proposition that idiosyncrasies are not mysterious powers residing in the bosom of our organs, nor functions entirely new, superadded, as it were, to those which already existed. In them are to be seen only the simple manifestations of the ordinary laws of physiology.

### COMMUNICATIONS.

#### A CASE OF INDUCTION OF PREMATURE LABOR.

BY DR. J. C. McMECHAN,  
Of Cincinnati, Ohio.

Just one hundred and sixteen years ago there was a consultation of physicians held in London, to consider the propriety of inducing labor in certain cases. This learned body of distinguished men came to the conclusion that the operation was justifiable, and since then it has been yearly growing into favor.

In regard to the ease with which labor can be induced, Dr. Barnes says: "It is just as feasible to make an appointment at any distance from home to carry out at one sitting the induction of labor as it is to cut for stone." This remark was made ten years ago, and the experience of ten years, he says, justifies him in repeating the observation now.

Dr. Macaulay, the first to perform the operation after the meeting in London, in 1756, used the oldest, and, perhaps, the most frequently used means of inducing labor, that of rupturing the membranes. Since then various other means have been tried and found successful, but few of them are certain and harmless.

Oxytocics are not, in the present state of science, to be thought of. They are both unreliable and dangerous, and if used, the child is always born dead.

Mechanical means are decidedly best, and in the past hundred years many ways have been tried, such as the vaginal douche, the colpeurynter of Braun, the cervical bag, the carbonic acid douche, the separation of the membranes, the intra-uterine injection, the evacuation of the liquor amnii, galvanism, and the placing of a flexible bougie in the uterus.

According to late authors on this most deeply interesting topic, the placing of a flexible catheter in the womb is the best of all the

means for inducing labor. By introducing the bougie between the membranes and the wall of the womb, a partial separation takes place, and labor pains are excited at once. This is the most natural way, or rather it induces the most natural labor of any other means, and it is without danger to the mother and child, comparatively speaking.

If the membranes are ruptured, it takes time to deliver. If uterine injections are used, the risk of killing the mother at once stares you in the face, and all the other means are equally dangerous, or entirely inefficient. To illustrate with what ease premature labor can be induced by means of a bougie, I will proceed to relate my case:—

On August 2d, 1872, at 5 P. M., was asked to see Mrs. S. On visiting the patient, I found her suffering very severely from dyspnoea, and also vomiting. She was fairly gasping for breath, and her stomach would retain nothing whatever, not even water. Her lungs were oedematous, and for several years she had been suffering with phthisis. The patient was six months and a half advanced in pregnancy, and ten days before my seeing her the foetus died in utero, since which event the dyspnoea and vomiting supervened; the feet became drop-sical, the pulse rapid, and other evidences of septicæmia came on. The pulse at the time of my first visit was 130, and weak.

The patient, when at home, resided in St. Louis, but was taken sick while at Columbus, Ohio. One of the most distinguished physicians of that place saw the case, gave the patient prescriptions, and advised her to travel home as rapidly as possible. This she attempted, and had progressed as far as Cincinnati, when she found herself too weak to go on. During the ten days previous to my seeing the case, the patient had had two severe hemorrhages from the lungs. She told me the foetus had died in utero in three previous pregnancies, and the same symptoms had supervened, dyspnoea, vomiting, etc.; that labor came on of itself, and as soon as the foetus was delivered, relief came at once. The patient was 48 years of age, and the mother of 13 children. On examining the urine it was found to be albuminous.

The woman was anxious to have labor induced, and seemed inclined to think it was the only thing that would bring relief. Looking at the exhausted condition of the patient, the rapidity of the pulse, the fact of no food having been retained for nine or

ten days, no sleep having been procured for several days, the poisoned condition of the blood, the age of the patient, etc., it seemed like a hopeless case, and the only means of giving relief, or a possibility of relief, was to induce labor, to remove the putrid foetus from the womb, to take away the cause of the septicæmia. Returning at 8 P. M., I found the patient in the same condition, and proceeded at once to induce labor. There were no symptoms whatever of labor coming on at this time, nor had the patient experienced any pain in the pelvic region.

I introduced a gum elastic catheter into the womb about five inches, between the membranes and the wall of the uterus, doubling the remainder of it up in the vagina, and kept it in position by means of a tampon of sponge and cotton.

The patient could not lie recumbent long, owing to the dyspnoea, or else the tamponing would not have been necessary. Prescribing a stimulant, the patient was left for the night, the nurse being requested, if pains came on, to send a messenger for me.

At 5 A. M., on the 3d, the messenger came, and on my arriving at the house and making an examination, the os was found well dilated and the membranes protruding. Pains were in quick succession and strong. Everything seemed favorable for a rapid termination of the labor. Wishing to terminate labor as quickly as possible, I ruptured the membranes, and thereby retarded the event about two hours. The pains before the liquor ammii was discharged were very strong, but immediately subsided, and did not return for two hours, although ergot was administered.

At 8 A. M., just twelve hours after the bougie was introduced, the foetus was expelled. The placenta was easily delivered, and the hemorrhage was very slight; but notwithstanding, the patient seemed to sink immediately. Her pulse could hardly be felt, the extremities grew cold, and death seemed imminent at any moment. By placing heated irons to the body, and using other means to bring up the circulation, the patient, in an hour, was able to swallow a stimulant in the form of carbonate of ammonia. No vomiting occurred after delivery, although it had been so constant before. The dyspnoea was also relieved, and stimulants were taken freely all day, in the form of wine, carbonate of ammonia, milk, and beef-tea. At 8 P. M. the patient was

quite comfortable, but later in the evening grew worse, and got no sleep during the night, although she had slept nearly all day.

On the 4th the case seemed more favorable; patient breathed quite naturally, took food freely, and rested well at night. Next day, condition the same; but on the 6th, at 5 A. M., the dyspnoea returned, extremities grew cold, pulse weak, but 140, and patient continued to grow worse all day. At nine P. M. patient died.

The fetus was quite putrid when delivered, and was undoubtedly the cause of the septicæmia. Had labor been induced five or six days earlier, the patient's life would undoubtedly have been saved. At the time of induction, the patient was so much exhausted that the prospect of saving her life was very slight, but still the fact of the vomiting ceasing, and the patient living four days after the operation, proves it to have been justifiable.

I relate the case more to prove with what ease labor can be induced, and that the operation should be performed early, than for any particular interest surrounding this particular case.

#### HYSTERIC MANIA.

BY F. K. BAILEY, M. D.,  
Knoxville, Tennessee.

March 26, 1872, was called to visit Mrs. S., aged about 30. Strong, bilious, nervous temperament. Married, and mother of one child, a fine looking boy of 12, by a former husband. Married to present husband in January, 1869. Since her last marriage has menstruated pretty regularly till within a few months past. Has had leucorrhœa, and was treated during the last six or eight months by a physician of this city. Improved under his care, and continued tolerably well till about the 20th of February last, when she missed the menstrual flow. Found her with some fever; tongue coated; bowels torpid; no appetite; restless and wakeful at night; pulse not over 95, small and rather soft.

Three days previous to my first visit she had called a homeopathic physician, who, with his potencies, had not made any impression upon the disease, or the confidence of the patient.

A few days before, she had an attack of rather free hemorrhage from the uterus, which had stopped before I saw her.

Placed her at once upon the use of bromide of potassium, in six grain doses, with bitter tonics and small draughts of whisky and water, and egg-nog, at each meal time. Gave comp. rhei pills at night. In a day or two she became better in strength and spirits, with a diminution of fever, and an increase of appetite, and in less than a week could walk about and attend to household duties.

I omitted to state that upon a digital examination per vaginam, I found the os uteri somewhat patent and flabby. The whole organ increased in size, but mobile.

I saw no more of my patient until the morning of the 26th of April, when she called at an early hour at my residence. Her object in calling, as she then said, was to obtain my opinion upon the question of her being in a family way. On my informing her that it was impossible to decide so important a matter at that time, she appeared disappointed, and declared that a doctor ought to know such things, and that if I would not give her a decisive answer, she would go to some other physician, till she could be satisfied as to her status.

Perceiving that she was rather too solicitous for any practical purpose, I merely told her that such *might* be the case, and that remark being in accordance with her wishes in the matter, she went away apparently satisfied. At night, however, I was requested to see her. Found her somewhat excited mentally and physically. She said there was a rolling or moving about in the lower part of the abdomen, and that it was certainly a living child. Found on passing my hand over the hypogastric region that there was some fullness, and a throbbing in the left side. The heart beat rapidly, and with considerable increase of impulse. The abdominal aorta also throbbed very hard, and so much so as to lift the bed clothes. Pulse 100 or more. Learned that she had not slept at all during the night previous to calling upon me, and that the whole burden of her thoughts was upon what was rolling about in the pelvis. Prescribed pulv. Doveri in five grain doses every four hours, alternated with bromide of potassium and bromide of ammonium.

27th. Much the same as yesterday. Still intent upon the moving or rolling in the right iliac region, and manifests decided indications of mental aberration. Is peevish and dissatisfied with everything. Cannot

sleep quietly, and is disinclined to eat much. Bowels still constipated. Gave podophyllin and leptandrin at night; also bromide of potassium and ammonium. Introduced cylindrical speculum, and found os dry and cervix bluish.

Sunday, 28th. Bowels opened. Unchanged in general appearance. Uterus somewhat prolapsed; os in hollow of sacrum. Considerable arterial excitement. Impulse of heart much increased, and abdominal throbbing still very strong. Conversation almost wholly upon a fancied rolling or moving in the uterine region. Considerable tenderness on pressure over the uterus, with general hyperesthesia over whole abdominal region. Tongue still coated; thirst, and desire for cold drinks. Continue bromides.

Monday, 29th, 7 A. M. No better. Still dwells upon the sensation in right side of pelvis, and insists upon having the womb "fixed," or "placed right." Continued bromide of potassium. 3 P. M. Dr. S. D. Moses in consultation. Talkative, and thoughts wholly upon condition of pelvic organs. Introduced bivalve speculum, and found a somewhat engorged, pale bluish hue of the vaginal mucous membrane, as well as the uterus. Womb enlarged, with a hardness at every side. Did not explore the organ, as pregnancy might possibly exist. Dr. M. suggests application of carbolic salve to the vagina on a pledge of cotton; also that she take ten grains of calomel at night, which was given at bedtime.

Tuesday, 30th, 7 A. M. Has been raving all night; scarcely possible to keep her on the bed. Inclined to tear her clothing, and to catch hold of the bedstead, to either push or pull. Will not tolerate bed clothing upon her. 3 P. M. Administered chloroform, both to quiet her, and enable us to give an enema, as no action from the bowels had occurred for a day or two. Succeeded in bringing away some small lumps, with considerable flatus, being the first that had passed since taking the calomel. The enema was composed of watery solution of assafetida, with sulphate of magnesia and spirits of turpentine.

There was no abatement of symptoms during the night, and in spite of 3j chloral, with bromide of potassium, and inhalation of chloroform, she struggled without cessation till morning. During the day (May 1st) there was a little quiet, but only a few minutes at a time. For a week, or until the 8th

of May, she continued delirious, with but short intermission. Urine would pass but once in twenty-four hours, and then from an apparent inability to hold it longer. It was generally light colored, and free in quantity. It was sometimes passed in bed, and at other times while standing upon the floor. The bowels were moved imperfectly by means of enemata administered at times when the raving was least. I gradually increased the amount of bromide of potassium till she was taking regularly every four hours 15 grains, with the bromide of ammonium. I commenced giving on the 2d or 3d, 20 drops fluid extract cannabis indica, and the same dose of fluid extract of ergot. It being necessary to force every dose into her mouth by prying the jaws open, and to hold her nose to compel swallowing, it was not always certain that the whole amount was received into the stomach, but in the main there was the above stated amounts of the several agents taken.

After a day or two, could be seen a disposition to sleep, and on the 10th she began to be quiet three or four hours at a time. During the whole period embraced in the above notes she was not still for a moment. At times it was not possible for four persons to keep her upon the bed. The struggles, and that word is as expressive as any, were terrible, while at the same time the muscles of the face were scarcely ruffled. The face was sometimes reddened, and the veins of the forehead enlarged, but generally there was but little excitement in the extreme vessels. The heart and abdominal aorta, however, would beat tumultuously. The conjunctiva became somewhat congested after a few days, and at times there was a profuse water-flow from the eyes. On the 8th or 9th a slight show commenced, which continued about four days. After about twenty-four hours from the commencement of the flow she began to be more quiet, but it had stopped before there was much quiet sleep.

18th. For the last three days she has slept about one-third of the time. The period of quiet would commence about 9 P. M., and continue through the night. Next day she would scarcely close her eyes, but lie upon the bed without severe struggling, but never still. She has been so weak for a few days past that she could not make much exertion. There was one night and day since the 12th that the cannabis indica

was suspended, and that was the most uneasy period for some days.

The bromide of potassium was given in about 8 grain doses after she became more quiet, but the cannabis, with the exception alluded to, has been given constantly in not less than 15 drop doses. The ergot was suspended about every other day. During the whole period embraced in the above statement, no nutriment was taken but buttermilk, which she would at favorable times swallow without objection. No other food would she take till within the last three days. The pulse to-day is about 95, but it has ranged, when I was able to count it, at about 120, during the whole period.

No notes were taken in this case from day to day, and consequently, details cannot be given. Suffice it to say, however, that the general appearances were, in kind, those generally described as hysterical, but in degree and continuance they were worse than I have ever before witnessed.

It seemed that every feature, as described by the multitude of writers upon hysteria, was at one time or other embodied in the gyrations of this case. For two or three days past there has been an occasional dawning of normal mental condition, such as calling for water, or asking to be helped up. Generally, however, there has not been any appreciation of what was going on in the room. For more than a week past there has been but one evacuation from the bowels at all fecal in its character, but flatus escaped often. The abdomen has been very flat, and evidently contains nothing but gas. An occasional enema has been administered, with the effect to relieve local heat and dryness in the rectum. Sulphate of cinchona has been given with the other medicine, in 2 grain doses. 7 P. M. Restless during the day, but slept more than yesterday. No action from bowels. Has urinated freely. Will not speak often, but answers by signs when questioned. Taken no nutriment but buttermilk. To continue medicine with sulphate of cinchona, and have an enema.

17th, 7 A. M. Has slept nearly all night. Enema came away with no fecal matter, but the water was stained yellow. Pulse 96, and fuller than it has been generally. To continue same medicine. 7 P. M. Has been restless all day. Urinated, but no movement of bowels. Ate a very little, and drank buttermilk. For some days past there has been no discharge of any kind

from the vagina, but the attendants speak of a very offensive odor therefrom. During the day it has been difficult to get her to take medicine, and consequently much has been wasted in the attempt. Pulse not over 100. Tongue for some days has been cleaning off, and at present it is free from coat.

18th, 7 A. M. Slept most of the night, and found her sitting in a chair this morning. Will reply by signs to questions, but does not talk. Acts *contrary*, to use an expression of the family. Eats a little, and drinks her usual beverage. To take bromide of potassium, 10 grains, with cannabis and ergot as before, during the day, with sulphate cinchona. It is evident that the agents employed have the effect to quiet her; for when, for any reason, they are suspended, there has been an increase of excitement. 8 P. M. Restless during the day. Pulse about 100. Will not speak. Wept when a little niece came into her room, whom she had not seen for some time. No perceptible improvement in her mental condition. To continue medicines.

19th, 7 A. M. Slept after midnight, but was very uneasy previous to that hour. Pulse 84, and full. Condition unchanged. Will eat but very little, and only drinks water and buttermilk. Continued bromide of potassium in 8 grain doses, with 15 drops each of ergot and cannabis.

20th, 7 A. M. Slept during the night, but is still silent. Pulse 85. Still heavy throbbing of abdominal aorta as low as the bifurcation. Free evacuation from bowels last night, from an enema, bilious and lumpy. To continue bromide potassium with cannabis, suspending the ergot.

21st, 6 A. M. Was more quiet than usual through the day, yesterday, and slept all night. Pulse 100, but very regular. Walked about the house yesterday, and ate more than at any other time. Sulks little or none, but will cry at times, as if deeply grieved. To continue bromide of potassium and cannabis three times daily, with 3 grains sulphate of cinchona, which, I will remark, she has taken two or three times daily for nearly a week. Directed that she have leave to walk about and to eat anything she may desire.

22d, 6 A. M. Was uneasy yesterday, but not violent. Bowels moved freely at 9 P. M., from an enema. Slept pretty well last night, and quiet this morning, but does not talk. Was quite talkative at times yesterday. More inclined to eat. Is able to get up and walk about the house. Pulse

100, and about normal in fullness and strength. To continue bromide of potassium, cannabis, 15 drops, with sulphate of cinchona, 2 grain doses.

23d, 7 A. M. Passed a quiet night; slept well. Less uneasy yesterday through the day. Ate more, and sat up most of the time. To continue sulphate of cinchona, bromide of potassium, and 10 drops extract cannabis every four hours.

24th, 7 A. M. Bowels moved freely last night, from an enema. Slept most of the night, and has eaten more this morning than usual. To take 15 drops extract cannabis, and omit bromide.

27th. Since last report she has been more quiet during the day, and has slept well each night. Appetite improving, and has an occasional lucid interval, in which she will talk, and manifest some interest in family affairs. Her tongue, which I had not been able to inspect for many days, is red, and has the appearance generally seen after enteric fever. Teeth and gums covered with brown sordes, and the inside of the lips are a bright red. Bowels have moved freely for the last four days, after an enema of warm water. Stools fecal, and attended with flatus. Urine abundant, sometimes clear, and again dark and offensive. No vaginal discharge of late. Has taken since the 24th about 5 grains bromide of potassium, with 10 or 15 minimis fluid extract cannabis. For the last twenty-four hours she has taken medicine without objecting, and the first for the whole term of her sickness. With each dose of medicine above, about one grain of sulphate of cinchona has sometimes been added. I will add, that the pulse has generally been about 75, soft, and tolerably full. Occasionally, at 7 P. M., it would go up to 90 or 100. The heavy beating in the abdominal aorta has gradually lessened of late.

28th, 6 A. M. Has had a restless and sleepless night. Bowels moved freely, from an enema, about 9 last night. Yesterday she took up some iron instrument and struck herself a severe blow upon the occipital region. Inclined to eat this morning, but no more appearance of sanity.

Having diminished the amount of medicine for few days past, it is probable that the increased uneasiness of a day or two past is a result. Accordingly I directed that she take bromide of potassium, 8 grain doses, and 15 drops extract cannabis, with sulphate of cinchona.

June 3d. No change since last report. Has taken the same medicines, but in diminished doses, and she has been more quiet. The bowels have been moved every other evening by means of an enema. Generally the urine has been evacuated only when the bowels were moved. Has taken some food, but at irregular intervals. Will protrude her tongue now with some urging, and I find it red and clean.

6th. Will sleep the entire night, and a portion of the day. Has taken no medicine for three days, except about 2 grains sulphate of cinchona four times daily. Generally quiet, but at times inclined to injure herself. It is noticed that she becomes more restive when the bowels are loaded. Immediately after an alvine evacuation she will lie down and go to sleep. Appetite still capricious. To continue sulphate of cinchona.

9th. Slight show to-day. No further developments in the case. Can sleep at night, and eats more. Will not talk much, and is rather sulky.

11th. Sleeps well at night, and some during the day. Will eat heartily once a day, and sits up or walks about most of the day. Pulse has been small and soft for the past week, and the throbbing in the abdominal aorta at times scarcely felt. Has taken but little medicine for a few days, and the bowels have been moved by enemata administered at night.

25th. Since last report she has been quiet, but silent and inclined to a brown study. Slept well at night, and bowels moved by enemata.

July 10th. Since last report there has been a disposition to injure her little boy, but is kind to her husband's children. Walks about during the day, but requires watching. Appetite improving.

20th. Has all the appearance of an insane woman. For ten days past has been unchanged in appearance, took no medicine, and had the bowels moved by enemata when necessary. No indications of a return of the catamenia. The throbbing nearly ceased in the abdomen. Pulse normal.

Aug. 1st. Considerably improved. Went on a short visit to a neighboring town. Begins to be more natural.

10th. Returned home a few days ago, and appears nearly well. Has gained in flesh, and will converse if questioned. Attends to household affairs. Menses returned last night for the first time to any amount since

the attack. We hope convalescence is becoming established.

Sept. 3. Health nearly restored, and manifests no mental aberration. Has regained her usual weight, and the functions regular.

There were many interesting features in this case, and the manifestations, doubtless, of a hysterical character.

The effects of the bromides, with cannabis and ergot, were very apparent.

Such cases are among the most intractable that we are called upon to treat. The intimate relation existing between the uterus and brain is very obvious, and the foregoing afforded a rare opportunity to observe phenomena of a reflex character.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Operative Treatment of Rupture of the Bladder.

The following review of the surgical treatment of this lesion is by Dr. E. MASON, in the New York *Medical Journal*:

The various methods of operative interference which have either been proposed or put in practice, with the hope of better meeting the necessities of the case, and thus rendering this accident less fatal than it has proved under the accepted and old-established course of practice, may be grouped together under the following heads:

1. Opening the bladder above the pubes, as in the high operation for stone, or else simply tapping the organ in this locality.

2. Tapping the cavity of the pelvis either above the pubis, or the pelvic *cul-de-sac* through the rectum.

3. Perineal section, and then dilating the membranous portion of the urethra and neck of the bladder, as in the median operation for stone.

4. Opening the bladder either by the lateral or bilateral method, as in lithotomy.

The first method, viz., opening the bladder above the pubis, at first sight, especially where the anterior portion is supposed to be the part ruptured, and the urine has extravasated into the areolar tissue, might strike us as being very timely, as through this means both extravasated blood and urine might readily be removed. But when we consider that extravasation as a rule takes place rapidly, and at the moment of laceration, and, as a natural consequence, collapse—more or less extensive—of the viscous will immediately ensue, the value of this operation, as a means of preventing secondary trouble, to our mind, is not very great. Indeed, it seems that about all that we might hope to accomplish, in the majority of cases, could be obtained through the simpler means of free and deep incisions made in this region.

The danger alone of wounding the peritoneum, if not already injured in our attempts to open a collapsed or contracted bladder in this locality, and thus adding a serious com-

plication to an injury already sufficiently grave, would be enough to make us hesitate in selecting this course of procedure, especially when another seems to hold out more favorable results.

As far as I am aware, this operation has been put in practice but once, and this at the late New York Hospital, in a case of supposed rupture of the anterior part of the bladder. Here the peritoneum was wounded in the operation; some hours afterward perineal section was performed, and the organ was then discovered not to have been lacerated, but, as the autopsy subsequently showed, rupture of the urethra close to the neck of the bladder had taken place.

The risk that we may be in error as to our diagnosis in some cases, as the above case shows, must also militate against this operation.

With respect to paracentesis either above the pubis or of the pelvic *cul-de-sac* through the rectum, which is the second method we have spoken of:

Boyer (*Maladies Chirurgicales*, tome ix., p. 61), while remarking upon a case of lacerated bladder, says that no relief can be afforded in this class of injuries; the paracentesis of the abdomen, and retaining a catheter in the bladder, are the only surgical efforts that can be attempted; but, before paracentesis can be performed, the fatal peritonitis has sealed the doom of the patient.

With this opinion Dr. Harrison says he does not fully concur, his own being that in paracentesis we are to find the great remedial agent; but, as the effused urine is chiefly found in the pelvic *cul-de-sac*, we are to tap this locality; and he has therefore proposed that in these injuries this *cul-de-sac* be tapped through the rectum. "Should the parts," he says, "be in that state in which dissection has shown them in some cases to have been, we may suppose that the pelvic *cul-de-sac* is distended with fluid, coated with lymph, and well protruded toward the rectum, or between this and the bladder; that the latter viscous is empty and rather small, and that adhesions have nearly closed the pelvis above, and separated it from the

abdomen; if a small opening be now made through the rectum into this *cul-de-sac*, the irritating fluid may be discharged without injury to any important part; indeed, the opening into this new and circumscribed cavity cannot even open into or affect the general peritoneum, provided the superior pelvic and vesical adhesions have been perfect; in fact, a new cavity has been formed, coated internally like an abscess, and containing a foreign and an irritant fluid, and the operation now suggested is merely opening this in the most depending situation."

In addition to this, he recommends retaining the catheter in the bladder, and the free administration of opium. This operation Mr. Harrison believed to be in accord with the sound principles of general pathology; he had no experience in its favor, but was led to this view from the appearance which the autopsy of several cases had presented.

This mode of treatment was proposed to the profession in 1836, but we are yet to learn that it has ever been put in practice.

At first sight it certainly may appear very plausible, and in theory, as regards the necessity of giving vent to extravasated urine, it undoubtedly is correct. The objections to this operation strike us as follows: It, in the first place, is not suitable to all classes of cases; for we must bear in mind that, though in the great majority of cases of ruptured bladder the rent is in the posterior portion and through the peritoneum, yet there is a proportion of cases where the laceration is superior or anterior, and, the peritoneum not being wounded, the urine does not collect in the pelvic *cul-de-sac*, and we are not always able to say to which variety a case may belong. Again, in the performance of this operation, we fear that the bladder might be opened rather than the *cul-de-sac*, there being a number of cases in which the autopsy has disclosed this organ, though torn, to contain considerable urine; and this fact was evident in our case, as well as others we have seen reported, from the ability of the patient to pass water himself.

Another danger lies in the risk we may run of wounding a coil of small intestine, or the rectum itself.

These are the only three cases out of seventy-eight, as collected by Dr. Smith, where the *post-mortem* appearances revealed such a condition of things, and it is very evident that Nature could only so protect herself after an interval of some days; whereas, were we to wait for these adhesions to form, in by far the greater number of cases, death would relieve the patient before the surgeon.

In respect to the third mode of treating these cases, namely, by perineal section, and then dilating the membranous portion of the urethra and neck of the bladder with the finger, as in the median operation for stone, we know not by whom it was first suggested, though we are aware that it has been followed in at least one case in this city, and probably in several.

This case was in St. Luke's Hospital, and was operated on by Dr. Robert F. Weir. The accident occurred in a middle-aged man, by his being caught between a ferry-boat and the bridge. Upon introducing the finger into the bladder, the doctor discovered that the pubic bones were fractured, and projected through the anterior wall of the bladder. This case resulted fatally.

Though this operation is a decided advance in treatment over the one we previously considered, yet its disadvantages seem to us to consist in the fact (which is claimed as one of its advantages by the advocates for the median operation in lithotomy) that after this operation the patient is not troubled by the urine dribbling away from him, and, if not at once, he very speedily possesses control over his bladder.

That this is the case, no matter how thoroughly the neck of the bladder is dilated, unless it be lacerated in the removal of the calculus, all are aware who have had experience in the median operation for stone. This, then, being the case, wherein, by this operation, have we taken any steps to prevent the urine again soon finding its way through the rupture in the bladder? Our only plan to prevent such an occurrence, as a consequence of this operation, it appears to me, would be frequent dilatation of the neck of the bladder, and this certainly would be a most serious objection.

We now come to the fourth and last method which has been practiced in these critical cases, and the one which we desire earnestly to advocate, viz., the opening of the bladder freely by means of the lateral or bilateral operation, as for stone.

To American surgery belongs the honor of having given to the profession this mode of treatment; and to Dr. William J. Walker, of Boston, belongs the credit of having first put in practice, and I believe also that of originating this plan of treatment.

Dr. Walker's case was that of a man, aged twenty-three, of sound constitution, and of temperate habits, a railroad-conductor by occupation, who was caught, during an accident, between the engine and a car. When the doctor saw him, which was twenty-four hours after the accident, he presented the symptoms of a man passing into collapse. A tumor was observed extending from the whole line of Poupart's ligament nearly to the umbilicus, almost as large as the open hand, and elevated above the surface an inch and a half; the case was also complicated by fracture of the pelvis at the symphysis pubis. A catheter was introduced, and several ounces of urine withdrawn, whereupon the tumor referred to disappeared, and the bladder was then opened, as in the lateral operation for stone, and immediate relief followed. The fracture was found to have united twenty-five days after the accident, and in fifty-five days from the time of injury the patient resumed his occupation.

**Chloral Hydrate in Epileptic Puerperal Convulsions.**

Dr. F. V. McDOWELL describes the following case in the Dublin *Medical Journal* :—

On March 1st, 1871, at 2 P. M., I was called to see a poor woman in labor, named Ellen B., aged 40, living in this district. I was told she had been in "fits" all the day. She is the mother of seven children; the last was still-born, and her health has been very delicate since. For the past month she complained of giddiness and noises in the head, and puffing of the face. On my arrival I found her suffering from epileptic convulsions. The paroxysms occurred periodically, like labor pains, during one of which, and shortly after I had seen her, she gave birth to a still-born child. The placenta was soon expelled without any assistance, and with very little loss.

The patient was totally unconscious, and breathing very heavily; however, the convulsions did not end here, but after a few hours became more frequent.

At the approach of each paroxysm the pulse would become extremely quick and weak, the pupils dilate, the skin turn dark or purple, and the muscles become extremely rigid from head to foot, but would soon be thrown into violent convulsions, during which the distortion of countenance was beyond conception. There were frothing and hissing from the mouth, which was drawn chiefly to the right side, her urine and feces passing involuntarily. Her head was shaved with much difficulty, four leeches applied to each temple, an opiate enema administered, and cloths soaked in iced water to be kept constantly on the head.

The "fits" which, previous to this treatment, occurred every hour, and each lasting about ten minutes, were completely checked, and the woman left sleeping tranquilly.

Heard next morning she awoke quite well, but after three or four hours became light-headed.

Saw her next day, and she was then totally unmanageable; the delirium and jactitations were incessant, restraint being sometimes necessary. The patient was now placed in a darkened room, with a careful attendant, the cold application to be kept to her head, and a large blister applied to the nape of the neck. A full dose of calomel and jalap administered, and after its operation two grains of James' powder and half a grain of opium, to be given every three hours for six doses. For five days there was no abatement of the maniacal symptoms, and as the patient had not slept any during that time I determined, as a *dernier ressort*, to give chloral hydrate a trial, as I had never heard of its use in such a case before. Twenty-five grains were administered in syrup, and repeated after three hours. This seemed to act as a charm, for the woman had a refreshing sleep of three hours; and a repetition of this treatment for a few nights effected a complete recovery, as a proof of which I may mention I received a visiting

ticket on the 5th of March this year, to see her again in labor, and as I found the os well dilated I applied a long forceps, and delivered her of a fine living child, and both are doing well.

It will be seen the above was a remarkable case, and those experienced in dispensary practice can well realize the difficulties of such, the convulsions occurring during and after parturition, and terminating in mania.

**On Hæmoptysis.**

Dr. NASON remarks, in the Dublin *Medical Journal* :—

The fact that hæmoptysis is not constantly prior or subsequent to any organic disease of the thoracic viscera has been frequently substantiated. Many people during puberty having suffered from repeated attacks of hemorrhage from the respiratory organs, still arrive safely at the goal of ripe old age, leaving at their death no appreciable pathological signs of their ever having suffered from it. Though such is sometimes the case, we should still regard every case of hæmoptysis coming under our notice with suspicion, and endeavor to arrive at a knowledge of its direct cause. The more obscure this is, the less we should relax in our attempts to discover its origin. Hæmoptysis through mere exsanguinification, except, of course, such a hemorrhage as would result from either a wound or the bursting of an aneurismal sac, is seldom directly dangerous to life. Though it may occur, as above stated, in persons whose lungs during life afforded no physical signs indicative of its origin, or after death exhibited no traces of its ever having taken place, and though, as several well authenticated cases prove, it may but supplementalize suppressed menstrual, hemorrhoidal, or other hemorrhagic discharges, still it must never be looked on with unconcern.

Hemorrhage from, if we may use the term, healthy lungs, even though it may sometimes relieve nature of a surplus of blood, must, however, have a deleterious effect on the system. In large quantities, and of frequent recurrence, it tends to produce anæmia, one of the most favorable fields for the development of diseases of the chest. Mechanically it at times causes more or less local injury. The extravasated blood in hemorrhage from the respiratory organs is not always immediately expectorated; the retained portions may form into clots, which act as foreign bodies on their surrounding walls, having quite as great an irritating effect on the parts in their vicinity as a coagulum in a vein would have on the vascular tissue. This I have seen verified by some *post-mortems* of those who had suffered from hæmoptysis a short time previous to death, in which concreta bearing an apparently complete resemblance to old thrombi of the veins were discoverable in the bronchi. In addition to these circumstances, supposing after one single moderate attack of hæmoptysis, the lungs are completely freed

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from the presence of extravasated blood, the very process necessary to healing of the blood vessels from which hemorrhage has taken place, if similar, as we have good reason to suppose it is, to that which occurs in the large blood-vessels, namely, adhesive inflammation, though for manifest reasons necessary to the vessels themselves, cannot but be sympathized with by the surrounding parts, and often to no good purpose.

Hæmoptysis, as the result of disease, is said to be most constant in its attendance on heart disease, especially that of contraction of the mitral orifice, accompanied by valvular insufficiency. In this form of heart disease more than any other we have the lungs often subject to a considerable pressure of blood, which, in addition to the, in this disease, usual quality of the latter, the relaxed condition of the system in general renders the walls of the blood-vessels unequal to the task imposed on them. Hæmoptysis dependent on disease of the heart, though perhaps for the first time of no great importance, and is, as Troussseau expresses it, "less fulminant than bronchial hemorrhage occurring in phthisis of tuberculous origin," still has a tendency to increase both in volume and frequency as the heart disease approaches its fatal termination. Repeated attacks of hæmoptysis resulting from disease of the heart, in addition to, by depravation of the blood, favoring the production of anasarca and other complications, is, particularly in chronic cases, which cases of mitral valvular disease mostly are, sometimes followed by pulmonary consumption. One case of this kind I remember. The patient, a woman aged twenty-three, with no traceable phthisical hereditary predisposition, had, when thirteen years of age, rheumatic fever, followed by disease of the mitral orifice, for which she had been in hospital, when about twenty-one years old, affording at that time no physical signs of any organic disease of the lungs; had experienced several moderate attacks of hæmoptysis, and during the time I was acquainted with the case, softening of the middle lobe of right lung took place with the formation of cavities.

In chronic cases of phthisis, pulmonary hemorrhage is more frequently followed by immediately fatal consequences. Here the circumstance of the often extremely limited area of healthy lung tissue, capable of oxidizing the blood, being interfered with to any extent, must terminate life. This happens most commonly in either of two ways, viz., either simply direct suffocation from the mass of extravasated blood occupying the air passages and cells of what remains of healthy lung tissue, which does not possess sufficient power to reject it, or else through secondary inflammation in that part, occasioned by retained portions of blood acting as foreign bodies.

Besides the many exciting causes for hæmoptysis in phthisis commonly given by authors, I am convinced that it is often the effect of (if such an expression is allowable)

the too rapid improvement of patients, the making more blood than the limited space of the breathing surface is sufficient to aërate, thus affecting an hyperæmic condition of the lungs, which relieves itself by hæmoptysis. This is of common occurrence in hospital patients, who, on their entrance into such an institution, especially into one devoted to diseases of the chest, often change for a generous nourishment, for an equable temperature, for a life for the time being devoid of many of the petty cares of this life, an abode little better than a cabin, with all its concomitant miseries. As bearing this out I call to mind two cases, one a fine young unmarried woman, with upper portion of both lungs in the third stage of phthisis, who had been an inmate of the Brompton Hospital for three months, whose chest symptoms had during that period been sensibly ameliorated, and whose weight had in that time been increased by 24 lbs., and who had herself felt so much improved that she doubted of many of her friends being able to recognize her on her return home. With but little warning hæmoptysis set in, followed in the course of thirty-six hours by an acute attack of capillary bronchitis, which put an end alike to her doubts and existence. The other, a married woman, also with the superior portions of both lungs excavated, intended to have left hospital the next day, with chest symptoms greatly improved, no moist sounds, and weight considerably increased, was suffocated by a sudden attack of hæmoptysis. In these cases, no doubt, the weakened or diseased blood-vessels, unable to support the additional strain imposed upon them by the increased quantity of blood, gave way, and were followed by fatal consequences. However, cases of hæmoptysis during phthisis occur, both frequent in repetition and large in volume, without having any very apparent immediate deleterious effects on the patients, except that of weakening them for the time. One case with an enormous cavity in left lung, who for three months out of three consecutive years had been an inmate of Brompton, expectorated during those nine months about five pints of blood. The first year her weight was 128 lbs.; the second, 125 lbs.; the third year, 124 $\frac{1}{2}$  lbs., and physical examination showed during those several years but slight increase in the disease of her lungs.

The portion of the respiratory organs from which hemorrhage in hæmoptysis takes place has been frequently the subject of dispute. Dr. W. Hayle Walsh denies that bronchial hemorrhage is common, and he asserts that in the majority of cases, when blood in any quantity has made its way into the bronchial tubes, even when heart disease is present, it will be found that the parenchyma of the lung, and not the mucous membrane, has given way molecularly. Niemeyer, on the other hand, states that bronchial hemorrhage is by far the most common, while Troussseau, taking a middle course, considers that hæmoptysis in phthisis occurs ordinarily from the surface of the

bronchi, but that hæmoptysis in heart disease is more generally parenchymatous, viz., taking place first in the air vesicles of the lung.

That it is generally parenchymatous, accompanying heart disease, is but natural to suppose; but occurring independently of that disease, from the lung substance, must but very seldom be uncomplicated with organic disease of the pulmonary tissue.

#### Hemorrhage from the Bowels in Typhoid Fever Treated with Turpentine.

Dr. S. WEED reports the following cases in the Buffalo *Medical and Surgical Journal*:

Case 1. In the evening of the 2d day of September, 1852, I was requested to visit W., a boy of sixteen years, with typhoid fever, some two and a half miles distant, and who had been under the care of another practitioner some two or more weeks. I was told that the case was one of great urgency, since an unfavorable prognosis had been given. On arriving at the bedside I was informed that blood, in large quantities, was passing from his bowels at each frequent evacuation. Found patient exceedingly restless from pain and tympanitic distention of the bowels. Skin dry and burning, pulse extremely rapid and thready, tongue dry, clean, and with dark papilla, with sordes on the teeth and lips. The prognosis, indeed, seemed most unfavorable.

Some turpentine was procured, and I administered a teaspoonful in some sugar and water, and in fifteen minutes as much more. After the expiration of an hour I gave half the quantity in the same manner; and then ordered that in two hours twenty drops should be given, and so on every two hours, until I should see the patient again the following morning.

Sept. 3d. Symptoms much improved. Pulse slower and fuller. Less heat of surface, with a tendency to perspiration. Expression of countenance less anxious, and from the character of the stools I was fully convinced that the turpentine had controlled the hemorrhage almost immediately after the first dose had been taken. For the next twenty-four hours I ordered the remedy to be given in twenty drop doses every four hours.

Sept. 4th. Patient still improving. Symptoms all better. No more hemorrhage. But the turpentine was so obnoxious that I reluctantly discontinued its further use until I should see him again, and substituted a tonic in its stead.

Sept. 5th. Hemorrhage had returned with symptoms of a very threatening character. I now prescribed the turpentine again, to be given in twenty drop doses, at first, every two hours for three or four doses, depending upon the symptoms, and then every four hours until I should see him next day. Without extending the report of this case further, I will briefly state that I continued the remedy some three or four days; at the

expiration of this time convalescence was fully established, and without further drawback went on quite rapidly to complete recovery; there being no more hemorrhage.

Case 2. On November 13th, 1865, I was requested to visit M., a girl of eleven years, with typhoid fever, in great haste, and earlier than was my custom; and whom I had been visiting daily for some two weeks. She was represented to be dying from hemorrhage of the bowels. On arriving at the house I was told that the bed pan had once been emptied, and that the quantity of blood it contained was about the same as was then in it, which appeared to be not less than one pint. She was nearly pulseless, and had every appearance of one dying from loss of blood. Her mother was so strongly impressed with the conviction that there was no hope, that it was with much difficulty I could persuade her to assist me in giving a teaspoonful of oil of turpentine, in mucilage, to her daughter. We, however, succeeded, and at the expiration of an hour repeated the dose. I then prescribed twenty drops to be taken every two hours until I should visit her again. Called in the evening and found symptoms improving. Was satisfied that the first dose of turpentine had controlled the hemorrhage as if by magic. Continued the remedy some three or four days, when convalescence being fully established it was discontinued. The recovery in this case was very satisfactory.

Case 3. Was that of C., a young man of about twenty-one years, living some four miles in the country, whom I attended in a long run of typhoid fever, of a severe type, my visits extending from December 19, 1865, to January 13, 1866. There was much delirium and disturbance of the bowels during its progress. In the third week of his illness he had an attack of bleeding from the bowels, which was very readily controlled by the use of the oil of turpentine. Patient recovered.

Case 4. On the evening of December 19, 1865, I was requested to visit Mr. B., of middle age, who resided in an adjoining town, and who had been under the care of a neighboring physician between two and three weeks. I found him with the usual symptoms of a mild type of continued fever. There was considerable debility for the amount of fever, night sweats and derangement of the bowels; but under the influence of tonics and stimulants, with suitable nourishment, he began to improve, until after having made nine visits, I ceased my calls, with the injunction that should hemorrhage from the bowels show itself at any time, I was to be without delay notified. This was the only apprehension I had respecting his recovery without a drawback. We were having many cases of typhoid fever at this time, and many of them were fatal. The next evening a messenger came in great haste to let me know that Mr. B. had had a large evacuation of blood from the bowels, filling the chamber or vessel nearly, if not quite, half full. I prescribed the oil of turpentine

as in former cases; at first in teaspoonful doses, and then smaller ones as the urgency of the symptoms seemed to demand. The effect of the medicine was all that could be desired. The first dose operated to stop the hemorrhage. Patient recovered without any other unpleasant symptom.

#### On Nutritive Enemata.

A valuable suggestion has recently been made by Dr. W. O. LEUBE, of Erlangen (*Deutsches Archiv für Klin. Medic.*, vol. x.). Starting from the idea that it would be best to let the digestive changes which must necessarily precede absorption go on in the rectum itself, with its equable temperature, he devised a mixture of food and digestive ferment, which, he found, is easily retained in the rectum from twelve to thirty-six hours. The digestive ferment is the fresh pancreas of the ox or pig, which, finely minced, he mixed with scraped meat, rubbing them well together with a little warm water, so that the mass may be easily injected. The most suitable proportion is one part of pancreas to three of meat. Fat may be added, but its quantity ought not to exceed one-sixth of that of the meat. Before this food is injected, the rectum ought to be washed out with water. Dr. Leube mentions that the first enemata sometimes apparently remain undigested, but that this must not prevent their being continued. Generally, the faeces resulting when this food has been retained sufficiently long have the character of ordinary fecal matter. By a series of experiments, Dr. Leube has proved that by this method of feeding *per rectum* a considerable quantity of nitrogen is taken up into the system. In a dog, which for several days had been deprived of nitrogenous food, and whose system, therefore, was in a state of nitrogen-hunger, an increase in the nitrogen-elimination by the kidneys took place when these nutritive enemata were given; and, on the other hand, in several experiments on a dog, and likewise on a healthy young man whose system was in a state of satiation with regard to nitrogen, the quantity of nitrogen excreted through the kidneys was not materially diminished when most of the nitrogenous food was introduced by the rectum instead of the stomach. A chemical examination of the faeces remaining when the food had been retained long enough, showed that almost the entire quantity of nitrogen contained in the food had disappeared. The same was found with regard to fat; and in a dog that was killed on the second day of the experiment the epithelial cells of the mucous membrane of the colon were found filled with fat globules. Dr. Leube also relates three cases of patients in whom this method of feeding had been used, and has completely answered the expectations which had been formed from his experiments. Of particular interest is the last case, in which, in consequence of tincture of iodine having

been accidentally swallowed, no food whatever could be taken by the stomach, and the feeding by the rectum had to be continued for more than four weeks. In all three cases the general condition of the patients was much improved, although the nature of the cases precluded any but temporary benefit, two of the patients suffering from carcinoma.

#### The New Treatments of Itch.

The following translation from the German of Professor ROTHMUND, we quote from an English source:—

The remedies hitherto in use for itch, such as Wilkinson's sulphur ointment, Hebra's tar soap, Vlemingx's solution, etc., are not to be compared, for certainty, rapidity, and pleasantness of cure, with *styrax* and *Peruvian balsam*. *Styraz* was first recommended in itch in 1865, by Von Pastau, of Berlin. It has shown itself a most efficacious remedy, due to its containing cinnamein, cinnamonic acid and resin. It is used as a mixture:—*Styraz*,  $\frac{3}{4}$  jij. ol. olivar.,  $\frac{3}{4}$ ; or thus, *styraz*,  $\frac{3}{4}$  jij. alcohol,  $\frac{3}{4}$  ss, ol. olivar.,  $\frac{3}{4}$  jij. *Styraz* is a good and cheap remedy, its only disadvantage being its very disagreeable smell. For children it is used in the form of soap. Balsam of Peru is even better than *styraz* for the cure of itch. It was first employed in 1863, by Bosck, and was strongly recommended by Bärensprung in 1864, on the strength of an extensive trial of it in the Charité Hospital of Berlin. Its component parts are cinnamein, cinnamonic acid, and resin. Balsam of Peru is preferable to all the other vaunted remedies, because the *acarus scabiei* is most rapidly killed by it; because it acts with rapidity, with certainty, and agreeably; because it does no injury to the skin; because it easily penetrates the skin; because baths are not absolutely necessary with it, and because it kills all the acari and their eggs, for when well rubbed into the skin it comes in contact with the eggs. As a remedy for children it is superior to all others. The children are first placed in a warm bath, then well dried, and forty drops of the balsam rubbed well in. This is to be repeated four or five times in the next twenty-four hours, and the cure is complete. It may be used in every form of itch in children with advantage. It has, to be sure, no effect on the eczema scabiei; for this, soap baths, starch powder, or glycerine inunctions are required. In adults the best plan is to rub in the balsam of Peru all over the naked body, slowly, carefully, and gently, giving special attention to certain parts of the body, especially the fingers. Although in the treatment of itch the rubbing-in cannot act mechanically, yet, whatever substance may be used, the mode of preparing the inunction is of great importance. As the balsam is readily distributed, nine grammes of it suffice for one operation. It is not at all necessary to begin the treatment with a bath; but if a bath is first given, the rubbing-in should not follow the bath im-

mediately, as the balsam is more rapidly absorbed by a dry skin. Hence, in persons who easily perspire, the skin should be well dried before the remedy is used. When the operation is carefully performed, relapses occur very rarely, and there is never any increase in the eczema that may be present. It is seldom that prurigo occurs after the itch. Should it occur, this disagreeable symptom is more readily removed by the internal use of carbolic acid than by warm baths and soft soap or glycerine. The only objection to Peru balsam is its expense. Carbolic acid, on account of its efficacy, its facile employment, and its cheapness, deserves to be mentioned next to Peru balsam. It must be mixed with glycerine or oleum lini to prevent its caustic action. One scruple of acid. carbol. is to be mixed with two ounces of either of the two other excipients. This remedy has this advantage, that by its action on the peripheral cutaneous nerves it completely removes and prevents the morbid itching, prurigo, and pruritus. In cases of prurigo or pruritus, independent of itch, the internal use of carbolic acid in the form of pills is an excellent remedy. As the carbolic acid gets pretty quickly into the circulation, it is necessary to give it in very moderate doses, especially where there are parts destitute of epidermis. But as thereby its action is delayed, it is better to employ the carbolic acid in the form of a salt. According to Rothmund, natrum carbolicum supplies all the requirements of a good, rapid, and certain itch remedy. The following is the best way of using it:-

R. Natr. carbol., fl<sup>3</sup> xv.  
Aqua destil., fl<sup>3</sup> clxxx. M.

With this the affected portions of the skin are to be rubbed three times a day, and even in the most inveterate cases the treatment never lasts more than two and a half days; relapses are not to be feared, and if the rubbing-in is carefully performed no erythema to speak of occurs. During the treatment the patients are in no way hindered from following their usual occupations. One advantage of the Peru balsam and carbolic acid treatment of itch is that it is not necessary to disinfect the clothes or bed-linen. In order to make sure, Rothmund recommends an additional rubbing-in to be made some eight or ten days after the cure of the itch, in order to kill any acari or their eggs that may have lurked among the clothes or bed-linen.

#### Tannate of Quinia.

In a recent note made by Dr. LISBACH on quinium tannicum, this compound is said to possess many advantages over sulphate of quinine. Dr. Hager makes to this the following remark:—"After many experiments made on my own person and others, I have found that, as a febrifuge, tannate of quinine at the most is only 1-10th as effective as sulphate of quinine, and 9-10ths can again be found in the urine and feces."

#### The Poisonous Qualities of Carbolic Acid.

Dr. HUSEMANN, in Gottingen, has made a series of experiments to establish beyond a doubt the question whether perfectly pure carbolic acid is poisonous or not, the latter theory being maintained by Dr. Hamberger, in the "Hygeia." The experiments were made with acids supplied by different manufacturers (Calvert's included), and the results obtained undoubtedly proved the very poisonous effects even of the purest acid.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

**The Treatment of Syphilis with Subcutaneous Sublimate Injections.** By DR. GEORGE LEWIN. Translated by CARL PROEGLER, M. D., etc., and E. H. GALE, M. D. Philadelphia: Lindsay & Blakiston, 1872. 1 vol., cloth, 8vo, pp. 249. Price \$2.25.

When such authorities as Dr. Drysdale (as we quoted a few weeks ago) condemn the use of mercury in syphilis as "too dangerous," while, on the other hand, eminent surgeons, such as Professor Gross, will not treat a case without that drug, general practitioners will gladly welcome any *media via* which gives us all the good effects of mercurials without any danger of their ill results appearing. This is what is accomplished, according to Dr. Lewin, by hypodermic injections of corrosive sublimate. From  $1\frac{1}{2}$  to  $2\frac{1}{2}$  grains are all that is necessary to effect a cure in most cases; out of some 1400 cases treated thus during four years, only 20 returned on account of syphilitic relapses. Certainly such results were most flattering.

Much of the present work appeared in the fourteenth volume of the "Annals of the Charité Hospital of Berlin," to which institution the author is an attending physician. He has tried the plan for seven years, in syphilis of almost all varieties, and though not pretending it is the only cure, he does hold it to be the best in numerous instances. He gives full instructions for preparing the solution, and administering it, and adds in detail, the indications for the operation in the many forms under which the venereal poison manifests itself.

The translators have done their work faithfully, and though we have marked several paragraphs which are obscure, or awkwardly worded, it would be invidious to specify them, in view of the great merit which the book as a whole possesses.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 14, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

**Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.**

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

**ERRATUM.**—In Dr. Turnbull's article, on page 201, second paragraph, fifth line, a transposition of commas occurs. It should read: "rapidly absorbed, if given by the rectum, at the rate of double the quantity required by the mouth. It will in some instances produce," etc.

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**MEDICAL EXAMINATIONS FOR LIFE INSURANCE.**

On more than one occasion, in the pages of this Journal, we have called attention to the disadvantages under which most examining physicians to insurance companies work. The more impartially they strive to do their duty toward the company which employs, the more do they excite the animosity of the local agents with whom they are brought in immediate contact.

The circumstances which thus oppress the honest, and favor the easy-conscienced physician have been forcibly set forth in an article by Dr. GEORGE S. STEBBINS, of Springfield, Massachusetts, in the *Spectator*, for July. He puts the objections to the system now generally adopted, so forcibly that it merits somewhat copious extracts at our hands. He says:—

"The companies very naturally look to

their medical examiners to protect them, so far as possible, by rejecting all unsound risks, and accepting, or recommending only those which are free from everything tending to shorten their lives and render them uninsurable. Being thus dependent upon the integrity and professional qualifications of their examiners, it is natural to suppose that companies would select, appoint, and properly support and protect them; but the fact is, that many companies are the tools of the agents, and the medical examiners likewise too often bow to the will of the solicitors. If an agent is not honest, he does not want his medical examiner to be too conscientious, and he therefore solicits the company to appoint a physician whom he can control.

"If the medical examiner selected by the agent does not meet his expectations, proves to be a man possessed of some little conscience, has an opinion of his own, and persists in giving honest expression to it, is a man of good professional qualifications and sound judgment, and is governed by the same, being unwilling to sell his opinion for sake of place or position, that examiner is suddenly deposed, the agent solicits a new appointment upon some pretext or other, and the company generally acquiesces. This rule of action holds good with most agents and companies, so that a physician who insists upon the impartial and strictly honest performance of his duties cannot, and does not, hold the position as medical examiner for any length of time. Frequently, the agent will fill out his blank, consisting of the family record, often leaving out the most important matters, such as deaths from consumption, calling it instead 'debility,' 'fever,' or 'old age,' if they happen to die beyond the prime of life, and, when the medical examiner comes to fill out his certificate, he is requested to make his statements conform to the agent's; and, if he refuses, his time is about up, unless the decision of the agent should chance to be overruled by the company.

"In many cases where the agent is allowed to choose his own examiners at will, and one examiner fails to recommend an applicant, the agent will take the party to another physician, withhold information unfavorable in its nature, and get the candidate passed. I have even known of agents erasing remarks of medical examiners, and substituting something more favorable in

its place, remarking at the same time that he would not send the application with such a statement in it, for it would KILL it, he all the while little thinking that it is such applications and such agents that kill companies."

Fortunately, Dr. STEBBINS does not, after the example of too many reformers, thus destroy our confidence in the existing state of affairs without suggesting any method superior to the one in use. On the contrary, he shows that there is a simple, plain, straightforward way for a company to secure unbiased medical examinations. He very justly maintains that so long as local agents can control the selection and appointment of local medical examiners, through their influence with the companies, so long will these evils exist, for the unscrupulous agents will not lose an opportunity to secure a commission through any lack of intrigue or equivocation. In order to overcome these defects of life insurance, new safeguards should be established. The agent's and medical examiner's blank certificate should be *separate*, and not, as now, on one sheet, so that the agents could not see the examiner's report, and *vice versa*; then there could be no collusion between the two representatives of the company, and if there should be any conflicting statements in the reports rendered, the officers at headquarters could ferret out the truth.

Only one company, however, in the United States makes use of this simple precaution. In fact, it is to be feared that there is more than one company which prefer to take almost all sorts of risks, trusting to good luck, a prosperous start, extensive advertising, and a prescience when it is time for the Directors to "get from under," to carry them through.

As Life Insurance is generally conducted in this country, we cannot see how some companies can be depended on to pay their losses. Certainly we should not feel inclined to insure in them, from what we

know of the manner in which their examinations are conducted in this city. We should as soon take stock in an exhausted oil well or an Arizona diamond mine.

#### THE CHOLERA EPIDEMIC OF THE PRESENT YEAR.

We have with some pains collected from our various European exchanges a connected history of the epidemic of cholera which has been advancing across Northern Europe the present year. Our advices are down to about the middle of August. Both on account of the general interest which attaches to the march of this terrible scourge, and of the peculiar characteristics of the present epidemic, what we have collated will be read with interest.

To go back to the Fall of 1871, the epidemic, after appearing with great severity in several of the littoral provinces of the Baltic, and having invaded Berlin in a few isolated cases, became almost extinguished, apparently by the increasing cold. The last place to which it clung was Revel, a seaport at the entrance of the Gulf of Finland. Here, scattered cases occurred in January and February, but none were reported after the latter month.

In a similar manner, the more southern district of Gallicia, which was afflicted late in the autumn, and quite severely in January, became by the month of March altogether exempt. Here, as elsewhere, rather more than one-third of the cases, say 35 to 38 per cent., proved fatal.

Constantinople, as usual, suffered severely. In November (1871) the deaths numbered 400 weekly from the epidemic. It was disseminated throughout the whole city, and did not diminish until a cold spell in December arrested its ravages. The first case had occurred September 2; the last was reported January 11. Between these two dates, 7725 cases of cholera were reported, with the heavy mortality of 3515 deaths, nearly one-half. Many cases were certainly not reported, especially those which re-

covered, so that probably this death rate is more frightful in appearance than in reality.

This last spring, early in April, a number of cases reappeared near the frontiers of Galicia, in Podolia; and in the following month at Chotin on the Dniester. Throughout the summer, reports prove a persistency of the disease in the valleys of the Dnieper and the Dniester, slowly working its way westward along those streams. Its reappearance has also been noted at Kiew, next at Ekaterinoslaw, at Kherson, and in June at Odessa. This is the *fourth consecutive summer* in which the disease has broken out in these cities, presenting an appearance as if it was no longer epidemic merely, but endemic as well, as it is in India.

In July, it commenced anew along the Baltic, most of the southern and southwestern provinces of Russia being at that time affected by it. On the 18th of July 51 persons were attacked in St. Petersburg; 32 recovered, and 10 deaths; on the 20th 54 deaths. The cases continued to increase; 280 were under treatment, August 8, up to which date the total number was 1931, of whom 900 had died, and 751 recovered.

Less severe, from all accounts, has been the disease in Moscow, but we have not the official reports to quote.

On July 27th, three cases were reported in Berlin, in a house on the most fashionable street, the famous *Unter der Linden*. So far its progress seems to have been checked there.

In Constantinople, it has "broken out with quite as much virulence as last year, and most of the ports on the Black Sea have suffered from it more or less. In India, we are informed, it is raging with unusual violence.

This general and imperfect sketch, nevertheless, presents some striking features of the epidemic. While the mortality is just as great as in any previous epidemic, it is incontestable that in two very important respects there is a modification of its virulence. 1. The disease does not travel so rapidly as

it has in previous incursions. 2. It is not so readily communicated in a given locality. The latter fact was abundantly demonstrated in Constantinople. Its facility of propagation was far more marked in 1865. And the fact that, in spite of the constant and large communication going on between the Black Sea and Central Europe, the disease is practically yet unknown in the latter region, clearly substantiates the former. To balance these mitigating circumstances we must add that it looks probable that it is domiciled in Eastern Europe, about Kiew, which region, probably for many years to come, will be a focus for its production.

## NOTES AND COMMENTS.

### Poisoning by Privet.

Dr. J. D. MOORE says, in the *British Medical Journal*:

The common privet of our gardens (*Ligustrum vulgare*) has long been considered as a vegetable poison, and a few instances are upon record in which children have died from eating the berries of the plant; but the occurrence of poisoning by the leaves or young shoots of the plant has never as yet been recorded. During the last few weeks, in the month of April, two cases of this character have been under my care, of which the following are the principal symptoms.

The father of a child aged about nine years requested me to see his little boy, whom he described as being feverish and drowsy. The child seemed to lose himself; did not answer questions put to him without much persuasion, and then evidently with great difficulty. On going to bed, the child tried to say his prayers, but after the first sentence or two, stopped short, as if he were drowsy or had forgotten them, and on being roused commenced again, but with the same result. The father then noticed some twitching of the hands and arms, and deemed it necessary to have immediate medical advice.

When I saw the patient first, he was in bed; he had been much purged, the evacuations being of a greenish color; he was semi-comatose, seemed to be quite unable to speak, and was with difficulty made to understand that he was required to put out his tongue. The temperature of the head and body was

above the normal, and in a short time there was a cold perspiration. There were convulsive movements, at first noticed particularly on the right side; the hands were clenched and the feet drawn up; the pulse quick and small, and respiration somewhat hurried. There was some tenderness of the abdomen upon pressure. These symptoms increased in severity during several hours, and the purging continued, accompanied with severe vomiting, the vomited matter evidently containing small particles of green leaves, the fragments being too small to afford any idea of the plant from which they had been taken. The convulsions became more general and severe; the head was frequently thrown back during the convulsions, in a condition somewhat resembling slight opisthotonus.

A second child, about six years of age, was seized with purging in the course of a few hours, and presented similar symptoms in every respect. Both of them recovered slowly from the effects of the toxic agent. There was for some time much loss of power, especially of the lower extremities; one of the children, on attempting to walk, making use of the expression "that his legs would not do as he wanted them." On their complete recovery, the elder child went with me into the garden, and pointed out the plant from which he said they had plucked and eaten the leaves and young shoots, thus clearly identifying the poison as being that of the common privet.

#### The Uses of Wine.

At the late meeting of the American Association for the Advancement of Science, some remarks were made on this topic by Professor SWALLOW. He began by stating that he was an original Maine Law man. He wished to state a few facts, and if they were disputed, he would gladly debate them. It seems to be a well settled principle that man will have a stimulant. Tea, coffee, cocoa, wines, whiskies, rums, and gins, have been extensively used throughout the earth. The Professor admitted all that had been stated about the evils of strong drink. Can science do anything to eradicate this great evil? If man's taste for alcoholic drinks is so strong that it cannot be resisted, cannot science interfere? I think it can, and I propose good grape wine as the remedy. Give us what good wine we need, and the temperance crusade will be well-nigh ended.

Grape wine does not produce that hankering for more stimulus which is the case with stronger drinks and narcotic drugs. We must have a wine so pure that physicians can safely recommend it. At the Baltimore meeting, I showed that Missouri offers better opportunities for grape culture than all France. The central and southern portions of this country can produce more good wine than all the continent can drink. Wine is a better stimulant for Americans than coffee or tea; better suited to their wiry, bilious, nervous constitutions.

Our sparkling wines are as good as those we import, and there can be no question but that sound wines are wholesome. He then entered into the details of wine making.

#### Actions for Libel.

Two well-known European medical journals have lately sustained actions for libel from medical men. The first was Maunder *vs. Wakley*. This was an action brought by the plaintiff, who is a surgeon attached to the London Hospital, against the defendant, who is the proprietor of the *Lancet*, for a libel published in that journal. The article complained of, commented on certain matters with which Mr. MAUNDER was connected, and some very offensive expressions, such as "spy" and "informer," had been made use of. The Messrs. WAKLEY considered that they were merely discussing a public question; but stated that in the remarks that appeared in their journal they had no intention in the slightest degree to cast any imputation upon the professional character or the private honor of the plaintiff, and that if any offensive terms were made use of they did not and were not intended to apply to the plaintiff, and they withdrew all such imputations in the fullest possible manner. A nominal verdict for the plaintiff, with 40s. damages, was then recorded.

The scene of the other action was in Vienna, against the *Gazette Medicale* of that city, the complainant being Professor BILLROTH. This eminent gentleman has recently had a patient die under chloroform, while under his treatment. The editor of the *Gazette* takes the opportunity thus afforded of reviewing former unsuccessful operations of the same celebrated surgeon, among which are enumerated an exactly similar case, under corresponding circumstances; another chloroform death during his examination of a wounded finger; that,

on another occasion, he tied the lingual vein instead of the artery; perforated the bladder in a lithotomy operation, etc. The journal remarks, that if such errors occurred in the case of a provincial practitioner, imprisonment would be the result. Professor BILLROTH has instituted an action for libel, in order to vindicate his professional character.

Syrup of the Lacto-Phosphate of Lime.

For this the *Chemist and Druggist* gives this formula:—

R. Concentrated lactic acid,	$\frac{fl\frac{3}{4}}{j}.$
Magma of freshly precipitated phosphate of lime, as much as will dissolve.	
Orange flower water,	$\frac{fl\frac{3}{4}}{j}.$
Water up to	$\frac{fl\frac{3}{8}}{s}.$
White sugar,	$\frac{3}{11}.$

Mix the lactic acid with two ounces of water, and saturate it with the magma. Put the liquid upon a filter, and add the rest of the water until eight fluid ounces of filtrate are obtained. Pour this upon the sugar contained in a bottle; shake occasionally, until solution is effected, and strain. No heat ought to be applied, else the syrup assumes a milky appearance. The syrup thus prepared contains between two and three grains of dry phosphate of lime in each fluid drachm, besides the lactic acid.

Dr. R. BLACKE calls attention, in *The Practitioner*, for February, 1872, to the use of the salt in adynamic fevers and in convalescence. The want of success which has generally attended the employment of the phosphates, he attributes to the fact that they are given in such quantities that there is not enough lactic acid in the gastric juice to dissolve them. He therefore recommends the administration of lacto-phosphate of lime, which he says is at once an aliment and an article of food, and a medicament of the highest value. It is, moreover, soluble in the secretions of the stomach, and is readily absorbable.

Sympathetic Vibrations.

Professor JOSEPH LOVERING, of Cambridge, Mass., at the American Association for the Advancement of Science, gave an interesting address on vibration, illustrated by an experiment. It was presumed that the members were more or less familiar with Milde's experiment with a tuning fork and vibrating thread. This optical method

of Milde is very much improved by using a large bar of iron and perpetuating the motion by means of magnetic excitement, the vibration being thus maintained for any length of time. A cord twenty or thirty feet in length is thus thrown into vibration. When the first suspension bridge was building in England, a fiddler offered to fiddle it away. Striking one note after another, he eventually hit its vibrating note, or fundamental tone, and threw it into such extraordinary vibrations that the bridge builders had to beg him to desist. Only recently a bridge went down under the tread of infantry in France, who had not broken step, and 300 were drowned. An experiment is often referred to of a tumbler or a small glass vessel being broken by the repetition of some particular note by the human voice. It is said, and may be true, that certain German tavern keepers increase their custom by the occasional performance of this feat. In the Talmud there is a curious question raised as to what would be the damages if a domestic vessel were broken by a noise made by an animal, such as a barking dog.

Preservation of Bodies by Carbolic Acid.

Professor GUILLERY has demonstrated anew the powerful antiseptic properties of carbolic acid, in some recent experiments. He enveloped a fresh cadaver in a cloth saturated with a solution containing two per cent. of the acid, and after an interval of four or five days poured more of the solution over the body. By this treatment, putrefaction was entirely prevented, the body, after six months, presenting no signs of decomposition, and being but little altered in appearance. At the Morgue, in Paris, a solution containing one-twentieth of one per cent. of carbolic acid, sprinkled over the bodies, arrested putrefaction even during the heat of summer.

Arsenic in Lamp Shades.

A German doctor has described two cases in Jena, and one in Frankfort, where persons using green glazed paper shades were attacked with symptoms of arsenic poisoning. In no case did the symptoms cease until the use of the shade was discontinued. The heat of the lamp volatilizing the arsenic renders the small quantity present very dangerous.

## The Shifts of Obstetricians.

The *Australian Medical Journal* for May states that on the 2d of March Mr. W. H. JACKSON, a medical practitioner, residing at Merino, in the western district, had occasion to perform craniotomy under somewhat exceptional circumstances. Not having the ordinary instruments with him, he used a gimlet, an auger, a chisel, and a hook of telegraph wire. The woman did well.

This is equaled by the devices of Dr. NELSON, of Sacramento. This representative country physician manufactured, in 1852, on the spur of the occasion, with the assistance of an ordinary blacksmith, out of a common iron hoop and a steel ramrod, substitutes that performed their office equally as well, if not better, than the best finished and polished instruments of the metropolitan surgeon. They were a vectis, a blunt and a sharp hook. With these he performed craniotomy and saved the life of his patient. They are now preserved in the museum of one of our colleges in this city.

## Singular Cause of Hemorrhage from the Bowels.

A rare and important case is reported in the *Bulletin de Thérapeutique*, June 30, which throws light on some hitherto inexplicable cases of sudden death from intestinal hemorrhage. A man, 74 years of age, had enjoyed general good health, except a tendency to constipation. One night he was suddenly seized with intestinal hemorrhage and died in a few hours. Only twice, and that about a month before, had he had slight attacks of a similar character.

A careful autopsy disclosed the only lesion to be *erectile tumor*, the size of an almond, in the mucous coat of the duodenum. It was composed merely of an enlargement of the capillary vessels of the part, or so-called angioma. A slight ulceration at its edge had given rise to the hemorrhage which destroyed life.

## Ingrowing Toe-Nail.

Dr. FINCH writes to the *British Medical Journal* :-

Neither of the cutting operations is at all necessary for the complete and rapid cure of ingrowing toe-nail. If a small, thin, flat piece of silver plate be bent at one edge into a slight deep groove, and, after the toe has been poulticed twenty-four hours, slipped

beneath the edge of the nail, so as to protect the flesh from its pressure, and the rest of the thin plate bent round the side and front of the toe, being kept in position with a small portion of resin plaster passed round the toe, a speedy and almost painless cure will take place; and the patient, after the first day, has the additional advantage of being able to walk. I have followed this method in numerous cases with uniform success.

## The Latest Cure for Cholera.

We notice in the *Allgemeine Medicinische Central-Zeitung*, August 14, the latest cure for cholera. It appears that the President of the Belgian Academy of Medicine has received a communication from Taurus, relating that the Persian physicians have been using with signal success, in the present cholera epidemic, a drink called *Ghiacourt*, made of milk curdled with rennet. This is mixed with water and ice, and given in small quantities repeatedly.

The juice of unripe grapes mixed with ice has also, it is said, been used with good results, though this latter, to our mind, would be more likely to produce than to cure the cholera.

## Medical Mottoes.

The Royal College of Physicians takes its motto from Hippocrates, 'Ο βίος βραχὺς ἡ δέ τέχνη μάκρη—"Life is short, and art is long." The Royal College of Surgeons takes, *Quae prosum omnibus artes*—"Arts that serve all men;" the Society of Apothecaries makes Apollo's boast its own: *Opterque per orbem dicor*—"Over all the world I am called the help-bearer." The Pharmaceutical Society has the motto, *Habenda ratio valetudinis*—"Regard must be had to the state of health."

## Cure for Sleep-walking.

This troublesome habit oftentimes resists all the common-place plans to break it up. When such is the case, Dr. PELIZZO (in the *Abeille Medicale*) recommends the use of bromide of potassium. We tried it in the case of a girl who would get up in her sleep, walk about her room, eat, etc. About 30 grains daily (morning and evening) effectually cured. It is also of good service in the agitated and restless sleep of young children.

## New Treatment of Pneumonia.

In a German medical contemporary, the *Wurtemberg Med. Correspondenz Blatt*, Dr. BAUER, of Gmund, praises highly a novel and bold treatment of pneumonia. He immerses his patients two or three times a day, for five minutes, in a bath of 60° Fah., and gives hourly small doses, about half an ounce, of wine, champagne or Hungarian still wine. His success was excellent; out of twenty-six cases he lost one, and that an aged woman. Some were very severe, both lungs involved. Convalescence was unusually rapid. No other treatment was employed.

## To Prevent Stains from Tincture of Iodine.

It is stated that a few drops of carbolic acid added to an ounce of tincture of iodine will prevent the unsightly stains left by the latter. The effect of the iodine is not impaired.

## NEWS AND MISCELLANY.

## The Schoeppé Trial.

The trial of Dr. Schoeppé for the alleged murder of Miss Steinecke commenced at Carlisle, Pa., the last of August. Our readers are aware that this case has occupied considerable attention during the last two years, owing to the alleged deficiency in the *post-mortem* examinations. Its course, in brief, has been as follows:—

Aug. 31.—Professor Wood, of Philadelphia, testified that he did not believe Miss Steinecke died from poison, but from kidney disease. Professor Aiken, of Maryland University, affirmed his previous testimony as to the presence of prussic acid in the stomach of deceased.

Sept. 2.—The whole time up to the adjournment of the Court was occupied by the examination of Dr. Aiken.

Sept. 3.—The time was occupied with hypothetical cases. The prosecution closed, and the defence will open to-day.

Sept. 4.—The will produced by Schoeppé after Miss Steinecke's death, giving him all her property, was presented in evidence. Dr. S. B. Kieffer, of Carlisle, testified at length, contradicting Dr. Wood's testimony. The Commonwealth closed.

Sept. 5.—The case was opened for the defence. Dr. John J. Reese testified his opinion that the analysis of Professor Aiken was utterly unreliable. Dr. E. Lloyd Howard, Professor of Anatomy in the Baltimore College of Dental Surgery, thought the *post-mortem* examination of Miss Steinecke unsuccessful, and that it would be impossible now to say of what she died.

Sept. 6.—Professors Genth, Wormley and Hines testified for the defence, and the evidence on both sides closed. The Chief

Judge, after remarking that the moral evidence was very feeble, and that he believed "it was God's Providence alone which saved the Court and a former jury from committing a great wrong," said that he would "deliver a formal charge at 9 A. M. to-morrow." He then adjourned the Court. Schoeppé was virtually acquitted, and only the formal announcement remained to be made.

## Personal.

Professor Stober, of Strasburg, well known as an expert oculist, is deceased.

Professor Dr. Gerhardt, of Jena, has accepted the chair of pathology and therapeutics in Wurzburg.

Professor Gross, of this city, and family, and Professor D. Hayes Agnew, have returned from Europe.

The Countess Hélène Voryl de Swiderska was in London quite recently *en route* from New York to St. Petersburg. This is not simply a piece of court news, for this lady is something more than a Countess. She has recently graduated with honor from the New York College of Dental Surgery, and enjoys the distinction of being the first of her sex entitled to affix the professional D. D. S. to her name.

Professor Nelaton is said to be beguiling his time in translating the *Odyssey*. He is afflicted with an incurable disease, an internal tumor.

Dr. A. V. Marshall, of West Cornwall, is about to retire from the medical profession for the purpose of devoting himself to the ministry in the Methodist church.

Dr. Roderick Byington, father of Rev. T. L. Byington, of Newton, died at his residence in Belvidere, on Sunday last, aged about 80 years. Dr. B. was one of the oldest and most esteemed physicians in this State.

## Patents Issued.

List of Medical and Surgical Patents issued from the United States Patent Office to Inventors, for the week ending August 13, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:—

Medical Compound—John M. Gray, Riceville, Pa.

Medical Compound for Treatment of Diseases of the Lungs—Wm. A. Smith, Concord, N. C.

Manufacture of Bitartrate of Potassa—G. Bourgade, Jersey City, N. J.

Medical Compound, or Bitters—G. W. Brown, Portland, Oregon.

Manufacture of Sulphuric Acid—David Jackson, Walworth, England.

Medical Compound for Rheumatism, etc.—T. B. Hick, New Haven, Ill.

Medical Compound for Dyspepsia, etc.—D. Mayon and E. Champlain, Cloverdale, Cal.

Dentists' Chair—A. W. Morrison, Saint Louis, Mo.

## Narrow Streets.

The English journals, criticising American cities, say that New York ought to have narrower streets, with higher houses, as a protection against the excessive heat of the sun. The Washington *Star* considering these remarks as a slur upon that city of "magnificent distances," asserts that Washington, with the thermometer up among the nineties, has very few cases of sunstroke, and as a reason for this exemption gives the fact that the wide streets are open to every breeze that blows. Boston, with its narrow streets, it is asserted, is uncomfortably hot on some days in summer, and in New York, it is contended, the streets are too narrow and the houses are too high, so that columns of heated air are enclosed therein, which no breeze from the ocean can dissipate.

## The American Association for the Advancement of Science.

This Association commenced its twenty-first annual meeting at Dubuque, Iowa, on Wednesday, August 21st, at 10 o'clock A. M. On the evening of the same day a formal reception was extended to the members by United States Senator Wm. B. Allison, of the Reception Committee.

## Hint for Sea Bathers.

At Trouville, one of the most fashionable of French seaside resorts, it is usual to provide warm foot-baths for the bathers when they leave the water. This is said to prevent the headache, from which many persons suffer after bathing in the sea.

Dr. SIGERSON, an eminent European savant, has found in the air exhaled from the lungs of tea-drinkers a large number of microscopic globules of a poisonous narcotic oil, which explains, he says, why tea makes nervous people coughy. He might have added, according to another high authority, consumptive, for it is claimed that weak people who indulge regularly in this beverage ultimately weaken their lungs, be they ever so strong at first.

DR. A. W. SHEPHERD has been reappointed County Physician of Kings county, New York, for the term of three years.

CINCINNATI is the healthiest of all the large cities.

## MARRIAGES.

HAYLETT—BULKLEY.—In Moretown, August 4, by Rev. J. H. Babbitt, of Waitsfield, James Haylett, M. D., and Clara, daughter of George Bulkley, Esq., both of Moretown.

SHERIVER—ROGERS.—August 8th, by Rev. R. E. Moore, at the residence of the bride's parents, Dr. C. Shriver, of Bethany, West Virginia, and Miss Rebecca E., daughter of William Rogers, Esq., of Brooke county, West Virginia.

## DEATHS.

BARTRAM.—In Philadelphia, on the 31st ult. Amie Griffiths, daughter of Dr. Thomas S. and Mary A. Bartram, aged 2 years and 22 days.

CRAWFORD.—June 27, 1872, at Mid Prairie, Louisa county, Iowa, Mary Jane, wife of Dr. James Crawford, in the 56th year of her age.

DOW.—At Galesburg, Illinois, July 25th, 1872, Willie Blaine, only son of Dr. S. A. and Kate B. Dow, aged 3 months and 16 days.

FOSTER.—On Saturday evening, August 10, of heart disease, John Moorhead Foster, eldest son of Dr. N. and Josephine L. Foster, in the 14th year of his age.

GREGORY.—At Norwalk, Connecticut, Monday, September 2, Dr. Ira Gregory, aged 68 years.

HALLOCK.—At Orange, N. J., Horace Warren Hallock, son of Dr. Lewis and Emily L. Hallock, of Philadelphia, aged 21 years and 3 months.

KITTREDGE.—At Glastonbury, Connecticut, Aug. 22, at the residence of her brother, Rev. J. E. Kittredge, Miss Sarah F. Kittredge, daughter of Josiah Kittredge, M. D., late of Montclair, N. J.

LAMB.—In Waterbury, Vermont, August 15th, Ervine E., only child of Dr. M. D. and Mrs. E. I. Lamb, aged 4 months.

LOCKE.—On August 20th, at the residence of his mother, on College Hill, Cincinnati, Ohio, from rupture of a blood-vessel of the lungs, John Locke, M. D., in the 46th year of his age.

PALMER.—In Ludlow, Vermont, August 9th, Henry H. Palmer, M. D., aged 53 years and 7 days.

RUMSEY.—On the 1st inst., at Weathersfield Springs, N. Y., J. Caverly Rumsey, aged 23, son of Dr. J. S. Rumsey, of Fishkill, on Hudson, N. Y.

SHELDON.—In Dorset, Vermont, July 10th, Dr. Henry Sheldon, for thirty years a practicing physician at Rupert, and formerly a member of the State Senate.

SMITH.—At his residence, in Enon Valley, Pa., July 5th, Dr. William Smith, aged about 60 years.

SMITH.—At Mauch Chunk, Pa., on July 31st, Elizabeth Dana, wife of Dr. A. C. Smith, in the 44th year of her age.

STAFFORD.—On the 17th of August, in Philadelphia, Dr. Joseph B. Stafford, in the 68th year of his age, formerly of Allentown, New Jersey.

## OBITUARY.

WISTAR.—Died, on the 15th of August, 1872, Dr. Mifflin Wistar, in the 62d year of his age.

The announcement of the death of this excellent man will be received with deep emotion and regret by a large circle of relatives and friends, who will find it difficult to realize that one so greatly esteemed and respected is no longer among them. Dr. Wistar was remarkable for the conscientious and scrupulous performance of every duty. Self-denial, consideration, delicacy, and refinement, were prominent traits in a character conspicuous for its many attractive qualities; and few among men have entered upon their eternal existence leaving behind them a more blameless and consistent record. The son of the late eminent Professor Wistar, he preserved unsullied the name which he inherited, and though he also might have achieved high distinction in a profession which he studied but never practiced, found, in the privacy of domestic life, a more congenial sphere for the exercise of his talents and the indulgence of his sensitive, peace-loving, humble temperament. He was kind, generous, thoughtful for others, and unselfish in the highest degree; with a heart touched by human woe, and a hand ever liberally open for its relief, he was unwearied in every good word and deed; and after a life thus devoted to the illustration of every Christian virtue, has gone to the grave followed by the love, admiration, and sorrow of all good men.

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